U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1253/

3. Name and address of person filing.

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

| Name Sharon  | Mosley  | Name                            | Teamsters Lo                               | cal 748   |  |
|--|---|---------------------------------|--|---|--|
|  |   | Labor                           | Organization File Nu                       | mber 037-333                                      |  |
| P.O. Box, Bldg., Room No., if any  |   | P.O. E                          | P.O. Box, Building and Room Number, if any |   |  |
| Street 1222 I Street   |   | Street                          | 1222 I Stres                               | <u>-</u>  |  |
| City Modesto   |   | City                            | Modesto                                    |   |  |
| State California   | ZIP Code + 4 95354  | State                           | California                                 | ZIP Code + 4 95354                                |  |
| 5. Position in labor organization.   | Recording Sacretary   |                                 |  |   |  |
| Enter appropriate data below   | If, during the past fiscal year, you or your sp<br>(except as specified in the exc        |                                 |  |   |  |
| A. Held an interest in, engaged monetary value from an empl  | d in transactions (including loans) with, o oyer whose employees your organiza            | r derived in<br>tion repre      | come or other ecc                          | nomic benefit of seeking to represent.            |  |
| 6. Name and address of Employer (including trade name, if any).  |   | 7.a. Nat                        | ure of Interest, Trans                     | action, or Income.                                |  |
| Name   |   |                                 |  |   |  |
| Trade Name, if any:  |   |                                 |  |   |  |
| P.O. Box, Bldg., Room No., if any  |   | 75 4                            | ount.                                      |   |  |
|  |   | 7.b. Am                         |  |   |  |
| Street   |   | 7.0. Am                         |  |   |  |
| Street   |   | 7.D. Am                         |  |   |  |
|  | ZIP Code + 4  | 7.b. Am                         |  |   |  |
| City   |   | nature                          |  | .,,,  |  |
| City  State  15. Signature and verification submitted in this report (including submitted su | Sign. The undersigned declares, under penalty o   | inature of Perjury anying docur | id other applicable page                   | mined by the signatory and is, to the best of the |  |
| State  15. Signature and verification submitted in this report (includir undersigned's knowledge and the state of the stat | Sign. The undersigned declares, under penalty on the information contained in any accompa | inature of Perjury anying docur | id other applicable page                   | mined by the signatory and is, to the best of the |  |

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Teamsters Life X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 160 Airway Boulevard Livermore State California ZIP Code + 4 94551-2479 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Teamsters Life provides life insurance to the Name employees of Teamsters Local 748. The amount in item 11b represents the premiums paid to Teamsters Life during the year ended December 31, 2004. Trade Name, if any: P.O. Box, Bldg., Floom No., if any Street 11.b. Approximate dollar value of such dealing. \$845 City 12.a. Nature of interest held or income received. Teamsters Life sponsored a reception for attendess State ZIP Code + 4 of the Teamsters Cannery Council seminar held on October 18, 2004 in Reno, Nevada. \$38 12.b. Amount.

| C. Received from any employer (o or from any labor relations consultant t                        | ther than an employer covered<br>o an employer any payment of n | under parts A and B above) oney or other thing of value. |
|--|---|--|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). |   | 14.a. Nature of payment.                                 |
| Name   |   |  |
| Trade Name, if any:  |   |  |
| P.O. Box, Bldg., Room No., if any  |   |  |
| Street   |   |  |
| City   |   |  |
| State  | ZIP Code + 4  |  |
| 13.b. Is the Business an Employer  | or Consultant ?   | 14.b. Amount of payment.                                 |

Name of Person Filing Sharon Mosley

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).
 Name Vision Service Plan

Trade Name, if any: vsp

P.O. Box, Bldg., Room No., if any

Street 3333 Quality Drive

City Rancho Cordova

State California

ZIP Code + 4 95670

9. Business deals with

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Joint Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2479

Street 160 Airway Boulevard

City Livermore

State California

ZIP Code + 4 94551-2479

11.a. Nature of such deaing.

Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund. The amount in itcm 11b are the fees paid to VSP during the plan year ended April 30, 2004.

11.b. Approximate dollar value of such dealing.

\$57,655

12.a. Nature of interest hald or income received.

VSP provided half of the cost of food and beverages for a reception rosted by the Teamsters Cannery Council, which was held subsequent to their annual seminar in Reno, Nevada on October 19, 2004.

12.b. Amount.

\$19

Name of Person Filing Sharon Mosley

File Number U-

## **Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Services Benefit Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2479

Street 160 Airway Boulevard

City Livernore

State California

ZIP Code + 4 94551-2479

9. Business deals with.

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. s checked give trust or employer's name.

Name Joint Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2479

Street 160 Allrway Boulevard

City Livermore

State California

ZIP Code + 4 94551-2479

11.a. Nature of such dealing.

Health Services Benefit Administrators (HSBA) administers the Joint Benefit Trust Fund. The amount in item 11b is the fees paid to the administrator during the plan year ended April 30, 2004.

11.b. Approximate dollar value of such dealing.

\$3,001,807

12.a. Nature of interest held or income received.

HSBA provided Mr. Hailstone with dinner subsequent to a meeting of the Executive Board of the Teamsters Cannery Council on October 18, 2004 in Reno, Nevada.

12.b. Amount.